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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE OIVISION OF CORPORATIONS
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COVER LETTER

| Hayer Ente | erprise LLC | | |
|-----------------------------|---|---|---|
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | Navneet Hogan | | |
| | | Name of Person | |
| | Hayer Enterprise LLC | | • |
| | | Firm/Company | · · · · · · · · · · · · · · · · · · · |
| | 1396 Palmetto Dunes St | t . | |
| | | Address | |
| | Davenport, FL 33896 | | |
| | | City/State and Zip Code | |
| | ouacwinterhaven@outloo | | |
| | E-mail address: (| to be used for future annual report notifi | cation) |
| For further information co | oncerning this matter, please co | all: | |
| Navneet Hogan | | 407 488-6205 at () | |
| Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for th | e following amount: | | |
| S25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Hayer Enterprise LLC | | |
|---|---|------------------------------|
| (Name of the Limited Liability Compar (A Florida Limited L | ny as it now appears on our record lability Company) | <u>s.</u>) |
| The Articles of Organization for this Limited Liability Company Florida document number L18000070096 | were filed on 03/19/18 | and assigned |
| | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabl | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabili | ity Company," the designation "LLC | _ |
| Enter new principal offices address, if applicable: | | <u> </u> |
| (Principal office address MUST BE A STREET ADDRESS) | | SECOND NAV |
| | | マ 2所 - 名字7 |
| | | - CREC |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | ZZ TAIG |
| | | F 2 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | s, enter the name of the nev |
| Name of New Registered Agent: | | . |
| New Registered Office Address: | | |
| | Enter Florida street addres. | 2 |
| | · · · · · · · · · · · · · · · · · · · | orida |
| | City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|---|---------------|------------------------|----------------|
| MGR | Navneet Hogan | 1396 Palmetto Dunes St | ■ Add |
| | | Davenport, FL 33896 | □ Remove |
| | | | □ Change |
| | | ···· | □ Add |
| | | | □ Remove |
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| | | 05/14/18 | | | | |
| ffective date, if other than effective date is listed, the | an the date of filing | : | of filing or more than 00 | (optional) | to 605 07 | 07 (3 Mb) |
| Note: If the date inserted in | this block does not m | ect the applicable st | stutory filing requirem | ents, this date will not b | e listed: | as the |
| ocument's effective date o | n the Department of St | ate's records. | | | | |
| d:E d | alarınd affantirin di | | Mastiva time at | 17.01 a.m. en tha c | a and lone | of: |
| e record specifies a d The 90th day after tl | | ate, but not an e | mective time, at . | 12.01 a.m. on the e | :aillei | Oi. |
| May 13th | | 2018 | | | | |
| Dated | | ·································· | | | | |
| 11 1 | <i> </i> | | | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00